

Please find the attached PHA Regional Home Ownership Center Intake Form and Authorization to Release Information to be completed. This intake form can be used for credit and rental counseling as well as homeownership. If you are able to do so, please fax these forms back to the PHA office prior to your appointment, at 434-817-0664, Attn: Housing Counselor. The original Intake form and release form should be brought to your first appointment.

Typically, your first appointment will be approximately 1 to 1 ½ hours long. To expedite your time at your scheduled appointment, please provide us with the following documents listed below including a *current* credit report for each applicant. If you do not have a credit report, please go to the website www.annualcreditreport.com, to retrieve your free credit report from each of the three credit reporting agencies, Equifax, Experian and Trans Unions. Do not pay for any score as it is not necessary for this appointment. While attending your first scheduled appointment, a Housing Counselor will review the documents requested. However, if you cannot obtain all of the applicable documents, please bring with you at least your current paycheck stub(s) for review of your income.

Please bring with you to the appointment copies of the following documents:

- **Current 30 days paycheck stubs including ALL proof of income for the household**
- **If self-employed, a profit and loss statement for the current year.**
- **Last 3 years of IRS Tax Returns including all W-2's / 1099's-self employed**
- **Proof of alternative Income other than employment (if applicable)**
- **3 months of Bank/Investment Statements –checking/savings/retirement etc.**
- **PHA Intake Form-Driver's License/Photo ID, Veteran's Certificate if applicable**
- **PHA Authorization to Release Information**
- **Current Credit Reports (Equifax, Experian, Trans Union)**
- **Completed Spending Plan**

If applicable:

- **Divorce Decree/Separation Agreement and/or Child Support Order**
- **Bankruptcy Papers with Discharge**
- **Documents to Verify Payment of any Judgments/Collections Paid**

If you have any questions, or to schedule an appointment, please contact a Certified Housing Counselor at Piedmont Housing Alliance, **817-2436**

Office Use Only: Total Monthly Debt Payment _____
 Household Annual Income _____
 Jurisdiction Client Lives In _____
 Client Number _____

INTAKE FORM-PLEASE PRINT

APPLICANT

Full Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Social Security #: _____ Date of Birth: _____

Are you a US Citizen: () Yes () No; Race: _____ Ethnicity: () Non-Hispanic () Hispanic;
 Gender: () Male () Female; Marital Status: _____ Education: () College () High School/
 GED () Primary () Vocational () None () Active Duty Military () Veteran

MEMBERS OF HOUSEHOLD (include co-applicant if applicable)

Name	Relationship	Age(s)	Social Security #	Income Provided

SOURCES OF INCOME (Include social security, disability, child support, etc.)

Employer and/or Source of Income (i.e. SSI, Disability, etc)	Start Date	Number of Months Received/ Employed	Monthly Income BEFORE taxes	Yearly Income BEFORE taxes	Monthly Income AFTER taxes	Job Title	Employer Jurisdiction

Paid: Weekly Bi-weekly Twice a Month Monthly

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EQUITY AVAILABLE (List all cash available such as saving, credit union accounts, stocks or 401K plans, gifts)

Financial Institution/Source	Type of Account/Funds	Estimated Amount Available

DEBT (List all debts such as car payments, loans, child support or credit cards)

Creditor	Monthly Payment	Remaining Balance

Do you have any outstanding judgments, liens or collections? _____

If yes, what is the total amount due? _____

Have you ever filed bankruptcy? _____ If yes, what is the current status: _____

Have you ever attended any Homeownership Courses or classes, if yes, where and when? _____

What is your current Rental payment? \$ _____

How long have you resided at your current residence? _____

What is your average utility payment (gas, electric, water)? \$ _____

What is the language spoken in the household? _____

Are you a first time homebuyer? (defined as not owning property for the past three (3) years) _____

WHERE DID YOU HEAR ABOUT PHA? Referred by Christina Arbogast, RE/MAX Affinity Group 434-960-7259
 or ChristinaA@remax.net and Sandra Madison, New American Mortgage. 434-566-2420 or
 sandra.madison@newamerican.com

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CO-APPLICANT

Full Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Social Security #: _____ Date of Birth: _____

Are you a US Citizen: () Yes () No; Race: _____ Ethnicity: () Non-Hispanic () Hispanic;

Gender: () Male () Female; Marital Status: _____ Education: () College () High School/

GED () Primary () Vocational () None

SOURCES OF INCOME (Include social security, disability, child support, etc.)

Employer and/or Source of Income (i.e. SSI, Disability, etc)	Start Date	Number of Months Received/ Employed	Monthly Income BEFORE taxes	Yearly Income BEFORE taxes	Monthly Income AFTER taxes	Job Title	Employer Jurisdiction

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WHERE DID YOU HEAR ABOUT PHA? () TV Ads () Newspaper () Family/Friend Referral
 () Agency: which one _____

 Applicant (s) Date

 Certified Housing Counselor Date

 Co-Applicant (s) Date

PHA is a HUD and Freddie Mac Certified Housing Counseling Agency and an Equal Opportunity Housing Organization.

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AUTHORIZATION TO RELEASE AND OBTAIN INFORMATION

I/WE certify that all of the above information is correct and true to the best of my knowledge. I/WE understand that the information obtained is to be used in assessing my readiness for the eligibility for programs and services at Piedmont Housing Alliance. I/WE understand that false or misleading information will affect my ability to purchase a home. I/WE also understand that the completion of this form in no way guarantees assistance with housing and pulling this credit report will result in an Inquiry listed on my credit report.

I/WE hereby authorize Piedmont Housing Alliance to obtain a credit report in my/our name. This also AUTHORIZES Piedmont Housing Alliance, including staff members and any authorized representative or associated agency of Piedmont Housing Alliance, to receive information or make inquiries on my personal and financial information including, but not limited to, my income, employment, credit report, and all creditors. This authorization expires in 12 months after signed.

Signature _____

Print Name _____

Current Address _____

Social Security # _____

Date of Birth _____

Today's Date _____

Co-Applicant
Signature _____

Print Name _____

Current Address _____

Social Security# _____

Date of Birth _____

Today's Date _____

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Applicant(s) Name: _____

Applicant(s) Current Address: _____

Date: _____

SERVICE DISCLOSURE

Piedmont Housing Alliance/Regional Home Ownership Center is here to assist you with referrals and information about your borrowing options and identified housing counseling activities. While affordable homes, lending products and other forms of assistance might be available through Piedmont Housing Alliance, the applicant is under no obligation to utilize these additional services.

If we refer you to another agency or organization, you should independently determine whether that agency or organization can address your concerns. We are not responsible for the services provided to you by others.

ACCEPTED AND AGREED:

By: _____

Date _____

By: _____

Date _____

PIEDMONT HOUSING ALLIANCE

By: _____

Date _____

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HOUSEHOLD SPENDING PLAN

Indicate # of people in household:

Adults _____ Children _____

NET MONTHLY INCOME

Source 1 _____
 Source 2 _____
 Other Income _____
Total Income (A) _____

FIXED EXPENSES

Rent/Mortgage _____
 Electric _____
 Gas/Oil _____
 Water/Sewer _____
 Telephone (basic) _____
 long distance _____
 cellular/pager _____
 Trash pickup _____
 Cable _____
 Medical Insurance _____
 Auto Insurance _____
 Life Insurance _____
 Renters Insurance _____
 Child Support/Alimony _____
 Child Care _____
 Other _____
Total (B) _____

CREDITOR PAYMENTS

Installment Loans _____
 Automobile Loan(s) _____
Total Payments (C) _____

FLEXIBLE EXPENSES

Savings _____
 Groceries _____
 Lunch (work/school) _____
 Eating Out _____
 Entertainment/Hobbies _____
 Laundry/Drycleaning _____
 Cleaning Supplies _____
 Clothing _____
 Gasoline/Bus/Taxi _____
 Newspaper/Magazines _____
 Alcohol/Cigarettes _____
 Church/Charity _____
 Tuition/Books _____
 Barber/Beauty Shop _____
 Auto Maintenance _____
 House Maintenance _____
 Doctor/Dentist _____
 Pets _____
 Parking/Tolls _____
 Lottery/Bingo _____
 Other _____
Total (D) _____

Expenses

FIXED (B) _____
 CREDITOR (C) _____
 FLEXIBLE (D) _____
TOTAL EXPENSES (E) _____

Subtract Expenses from Income (A – E):

TOTAL INCOME (A) _____
 TOTAL EXPENSES (E) _____
DIFFERENCE + or - _____

Applicant Signature _____

SSN# _____

Applicant Signature _____

SSN# _____

CERTIFICATION: I hereby certify that I have reviewed the above spending plan with the applicant(s) and concur that it is reasonable.

Lender or Counselor Signature: _____

